

Finance & Administration Cabinet Request to Withdraw EEO Complaint Form

Section i. Complainant	mormation		Date	-		
1. First Name	Middle I	nitial	Last		Name	
2. Home Address						
3. City		State	Zip			
4. Work Phone	5. Cell Phone 6. Personal E-Mail					
7. What is the best way to contact you? Use Work Photo Cell Phoro Personal Other:						
8. Job Title						
9. Department/Agency						
10. Division/Branch						
11. Work Address						
12. City		State		Zip		
Complaint Filed Against						
1. Name			2. Title			
3. Agency						
4. Work Address			ty		State	
Section II. Type of Complaint						
Type of Complaint:	☐ Discrimina	ation	□ Hara	ssment	□ Retaliation	
□ Color □ R	oply): ge (over 40) eligion ender Identity		Orientation Affiliation Status	□ Dis	enetic Information sability tional Origin	

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Section III. Request to Withdraw Complaint

I hereby request the withdrawal of my EEO complaint because:						
Thoroby request the withdrawar of my 220 complaint because.						
Section IV. Certification of Information						
I certify that all statements and information furnished above are true, complete and correct to	the best of my knowledge					
and belief, and are made in good faith. I understand that intentional and malicious misstatements or false						
representations may result in disciplinary action.						
Once the Complaint Withdrawal form is received, the Cabinet EEO Coordinator, prior to make	ring the determination to end					
an investigation, must consider whether evidence has been found that may lead to the conclusion that the Cabinet has an						
obligation to continue the investigation.						
In either event, the Cabinet EEO Coordinator shall notify the complainant and respondent in	writing that the complainant					
In either event, the Cabinet EEO Coordinator shall notify the complainant and respondent in writing that the complainant has withdrawn the complaint. The notice will include information regarding whether the investigation has been terminated						
or is continuing.						
Signature	Date					

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Please note: This form cannot be returned to you. Please make any copies needed for your own records.

If you have any questions regarding this form, please contact the EEO Coordinator at 502-564-2874.

Please return this form to:

Finance & Administration Cabinet EEO Coordinator

395 Capitol Annex

702 Capital Avenue

Frankfort, KY 40601